

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Medicaid Postpartum Coverage Extension

December 2022

INTRODUCTION

In 2022, the Iowa Legislature enacted Division XVII of [House File 2578](#), which directs the Iowa Department of Health and Human Services to review postpartum coverage available to recipients' pregnancy-related Medicaid coverage and develop a report to the General Assembly.

The Department of Human Services shall review data regarding the postpartum coverage available to recipients of pregnancy-related Medicaid coverage and shall submit a report to the General Assembly by December 15, 2022, that includes the number of recipients of postpartum services, the services utilized, and the cost of such services for the period beginning January 1, 2020 through June 30, 2022, as well as information regarding the number of states that have expanded Medicaid postpartum coverage beyond sixty days, such states' postpartum coverage expansion period, the amount of cost savings realized by the states that expanded coverage to twelve months postpartum, and whether a state expanded coverage pursuant to a Medicaid waiver or a state plan amendment.

This report addresses the data requested by the legislature.

IOWA MEDICAID DATA

- The average percent of Medicaid reimbursed births in Iowa was 41.2% from 2017 through 2021. In 2021, 40.8% (15,027) of births to Iowa residents were reimbursed by Medicaid.
- The percent of Medicaid reimbursed births did not significantly change from 2019 to 2020 or from 2020 to 2021.
- The table below highlights the total number of postpartum members receiving services during each calendar year.

Number of Postpartum Women Receiving Services

	2019	2020	2021	2022
Pharmacy	3,240	3,502	5,448	4,162
Medical, Dental, and Institutional	7,433	7,187	10,075	8,771

The table below shows the total cost for each category of services utilized during each calendar year. The data includes all claims for these members while they were enrolled in postpartum coverage.

Total (state plus federal match) Cost for Each Category of Services Utilized

	2019	2020	2021*	2022	Total
Pharmacy	\$309,009.95	\$721,004.63	\$1,737,364.39	\$992,711.02	\$3,760,089.99
Medical	\$3,214,001.83	\$4,800,512.24	\$11,446,186.86	\$6,590,370.79	\$26,051,071.72
Dental	\$155,996.30	\$253,910.56	\$509,890.41	\$256,354.02	\$1,176,151.29
Total	\$3,679,008.08	\$5,775,427.43	\$13,693,441.66	\$7,839,435.83	\$30,987,313.00

*The increase in 2021 was related to the medical and dental clinics relaxing their Public Health Emergency guidelines and allowing for face-to-face visits.

The top five utilized services for each year are listed below.

Top Five Services Utilized per Calendar Year

Service Utilized	Total Cost
2019	
Clinic Visit or Encounter RCH & FQHC	\$280,985.50
Etonogestrel Implant, Contraceptive device	\$210,472.10
Levonorgestrel-releasing Intrauterine Contraceptive Device; 5 yr	\$197,683.20
Office/Outpatient Visit	\$104,114.80
Emergency Department Service	\$82,028.09
2020	
Clinic Visit/Encounter RCH & FQHC	\$456,939.30
Office/Outpatient Visit	\$238,729.50
Levonorgestrel-Releasing Intrauterine Contraceptive Device; 5 Yr	\$203,598.20
Etonogestrel Implant Contraceptive Device	\$190,823.90
Emergency Dept Service	\$126,873.50
2021	
Clinic Visit/Encounter RHC & FQHC	\$1,016,567.00
Office/Outpatient Visit	\$616,437.10
Emergency Dept Service, New/Est Pt, Mode	\$327,233.30
Emergency Dept Service, New/Est Pt, High	\$242,743.50
Levonorgestrel-Releasing Intrauterine Contraceptive Device; 5 Yr	\$231,883.70
Hospital Outpatient Clinic Visit for Assessment and Management of A Patient	\$208,076.50
2022	
Clinic Visit/Encounter RCH & FQHC	\$ 586,026.16
Office/Outpatient Visit, Est Pt, Eval/Ma	\$ 348,164.27
Emergency Dept Service, New/Est Pt, Mode	\$ 183,701.38
Emergency Dept Service, New/Est Pt, High	\$ 128,961.60
Levonorgestrel-Releasing Intrauterine Contraceptive Device; 5 Yr	\$ 127,667.70
Hospital Outpatient Clinic Visit for Assessment and Management of A Patient	\$ 125,416.32

MEDICAID EXTENDED POSTPARTUM COVERAGE OPTION

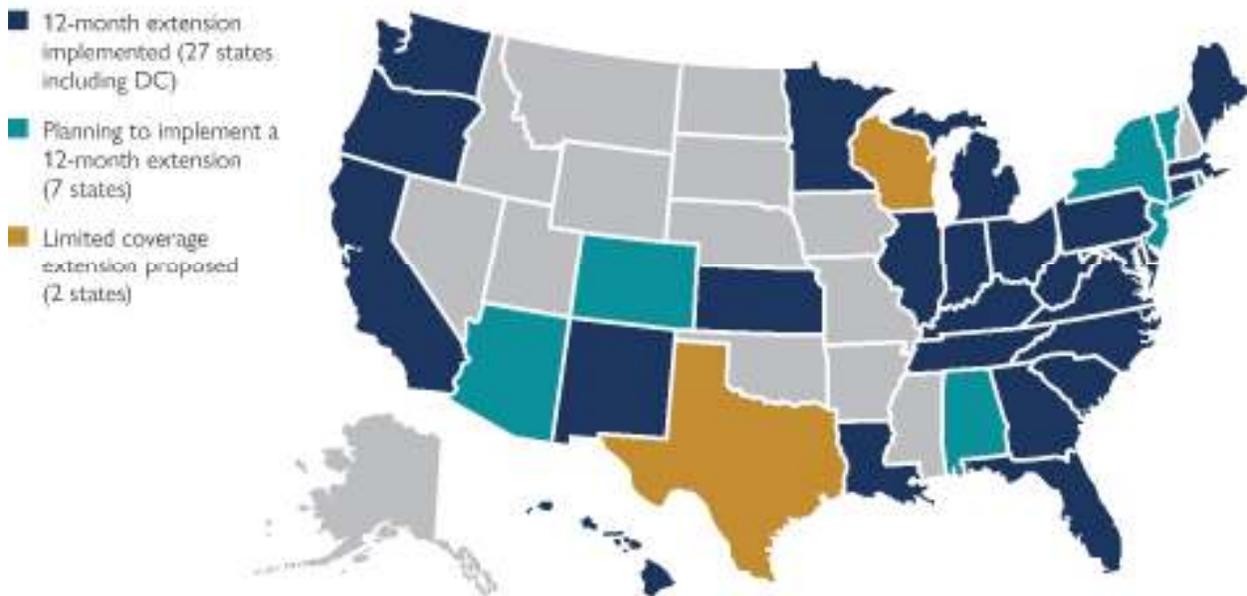
A provision in the American Rescue Plan Act of 2021 gives states a new option to extend Medicaid postpartum coverage to 12 months via a state plan amendment (SPA). This new option took effect on April 1, 2022 and is available to states for five years. Extending Medicaid coverage for a continuous 12 months postpartum can improve health outcomes for mothers, children, and families across the state.

POSTPARTUM COVERAGE IN OTHER STATES

As of December 2022, 34 states have extended postpartum coverage or are planning to implement a 12-month extension. The below table outlines state approaches to pursuing this option and includes links to relevant federal authorities.

[Medicaid Postpartum Coverage Extension Tracker | KFF](#)

Postpartum Coverage Tracker Map



ADDITIONAL INFORMATION

- Extending postpartum coverage is a new option that many states are perusing. There is not significant data available related to state savings for this policy.
- Women with continuous coverage are less likely to have short interval pregnancies.
- Anecdotally, extending postpartum coverage has helped women meet their behavioral health and substance use disorder needs.